

GILBERT NON-PROFIT FUNDING APPLICATION
FY 2016-2017
Town of Gilbert

The Organization Summary page is a brief summary of the overall organization applying for funds. Organizations requesting funding for more than one program should use the same information for this page except the amount requested and program name. The person signing should be authorized to execute agreements for the organization.

Organization Summary

Organization Name		Amount Requested
Program Name		
Address		
Application Contact - Name	Application Contact - Email Address	
Application Contact - Phone	Application Contact - Fax	
Chief Executive Officer	E-mail Address of CEO	
Federal Employer Identification Number	Organization Website	

1. Organization's Mission Statement:

2. Briefly describe the services/programs provided by the organization.

3. Provide a brief profile of clients/populations served by the organization.

I certify I have reviewed the application and am authorized to submit this funding request.

Name:_____ **Title:**_____

Signature:_____ **Date:**_____

Program Information

The Program Information page provides a brief description of the specific program that is proposed for funding.

Program Name			
Program Office Location (physical address, if applicable)			
Program Summary: A one-sentence summary of the activity for which you are requesting funds.			
Program Service Area: Describe the area where services are provided or available.			
Gilbert Priority Populations: Select <u>one</u> primary population served by the program being proposed. <ul style="list-style-type: none"> <input type="checkbox"/> Families (and Individuals) in Crisis <input type="checkbox"/> Mental Health & Substance Abuse Treatment Group <input type="checkbox"/> Low/Moderate Income Individuals and Families <input type="checkbox"/> Elderly/Seniors <input type="checkbox"/> Homeless Individuals and Families <input type="checkbox"/> Special Needs Individuals <input type="checkbox"/> Youth <input type="checkbox"/> Immigrants <input type="checkbox"/> Culturally Diverse Individuals and Families <input type="checkbox"/> Other: 			
Identify the services proposed to benefit the priority population group identified above: (choose all that apply) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Housing</div> <div style="width: 25%;"><input type="checkbox"/> Food/Clothing</div> <div style="width: 25%;"><input type="checkbox"/> Rent/Utility assistance</div> <div style="width: 25%;"><input type="checkbox"/> Transportation</div> <div style="width: 25%;"><input type="checkbox"/> Prevention/Intervention</div> <div style="width: 25%;"><input type="checkbox"/> Education</div> <div style="width: 25%;"><input type="checkbox"/> Case Management</div> <div style="width: 25%;"><input type="checkbox"/> Other (Specify) _____</div> </div>			
Services to be Provided: Estimate the number of unduplicated clients and the number of unduplicated services to be provided by this program between July 1, 2016 and June 30, 2017.			
	Gilbert Residents to be Assisted by this grant	Total Gilbert Residents to be Assisted	Total to be Assisted by Program
Clients Assisted			
(persons or households)			
Number of Services			
Units (meal, hour of counseling, bed-night, etc.)			

Part I: Program Narrative

1. Define the need for the proposed service or activity in **Gilbert** and the primary objective the program will address. Identify significant trends or situations in **Gilbert** affecting the service delivery in the community. Please cite sources.
2. Describe the services the proposed program will provide to meet the identified need in **Gilbert** stated in question one above. Provide a rationale for the unique services offered and whether there are duplicative services available to the same primary population group.
3. Describe how the organization receives and/or recruits clients in **Gilbert** and how the services are accessible to diverse populations.
4. Describe the programs' eligibility requirements, if any, and how clients' services, participation, successes, progress and/or outcomes are documented.
5. Describe the current status of the program (i.e. in progress, in planning process, continuation, expansion, etc.) and estimate the program life (including all sources of funding for the program).
6. Describe the program's implementation or operational plan including goals, activities, staffing, days/hours of operation, and services provided to Gilbert residents.
7. Describe specific and measurable outcomes will be used to gauge the success of the program in Fiscal year 2016-2017.
8. Identify the tools to be used to measure performance in Fiscal year 2016-2017.
9. Provide a brief summary of the organization's internal evaluation plan for this program including time frames, responsibilities and reporting.
10. Describe any major collaborative partners, their contribution to the proposed activity or project and a contact person at the partner agency.
11. Describe the organization's volunteer program, if any, including number of current volunteers, volunteer responsibilities to meet the organization's mission, and volunteer recruitment efforts in **Gilbert**.

Part II: Previous Performance

If the proposed program was funded by the Town of Gilbert in Fiscal year 2015-2016, please complete this section. If not, skip to Section III.

1. Provide the number of unduplicated persons/households assisted and the number of services provided between July 1 through December 31, 2015 for the following:

- Total Gilbert persons or households assisted with FY 2015-2016 Gilbert funds;
- Total Gilbert persons or households assisted by the program (with other funds);
- Total Gilbert persons or households assisted by the program;
- Total of all persons (including Gilbert) assisted by the program.

Add more rows to the table if more than one type of service was provided.

FY 2015-2016 Gilbert Award Amount: \$_____

Total Gilbert Funds Expended 7/1/2015- 12/31/2015: \$_____

Total Assisted: 7/1/2015 – 12/31/2015	Gilbert persons/households assisted with Gilbert funds		Gilbert persons/households assisted with other funds		Total Gilbert persons/households assisted		Total persons/households (including Gilbert) assisted	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Clients Assisted								100%
	Person/Household		Person/Household		Person/Household		Person/Household	
Indicate if measure is persons or households)								
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Services Provided								100%
	Unit Description		Unit Description		Unit Description		Unit Description	
Units (meal, bed- night, hour of counseling, etc.)								

2. Provide a brief summary of the major accomplishments and outcomes achieved since July 1, 2015 through December 31, 2015. Describe any modifications made to the program from the original funding application, if any, during this timeframe.

3. Describe any proposed changes to the program activities and/or increase in funding request in the Fiscal year 2016-2017 application.

Part III: Program Budget

1. Explain specifically how Gilbert funds will be used for the program. For example, if proposed funding will be used for salaries, provide the number of full-time equivalents (FTEs) and the activities each FTE will be assigned. If the funds will be used for client services, describe the nature and estimate the amount of funds specifically to be used for clients.
2. Describe how limited or reduced funding from the proposed funding request would impact the proposed program or activities.
3. Provide a detailed contingency plan if costs for the program are higher than expected or revenues fall short of budget estimate, (i.e. reduce project goals, delay / abandon the program, request additional funds.) Identify the funding source(s) if part of your plan is to request additional funding.
4. Provide projected Revenue and Expenses for the requested program. Include a status of each revenue source in the column provided and the date funds are available, if known. Include the percentage for each line item as it relates to the total budget. Percentage total should equal 100%. The total income should equal proposed expenses. If a significant income source is an in-kind contribution, please describe and assign a dollar amount to that commitment and identify corresponding in-kind expenses.

PROGRAM REVENUE BUDGET				
<u>Income Source</u>	<u>Amount</u>	<u>Status</u> (appl. pending, awarded, or in hand)	<u>Date Available</u> (if not in hand)	<u>Percent of</u> <u>Total Revenue</u> <u>Budget</u>
Government Funding: Gilbert				
Government Funding: Other Cities/Towns				
Government Funding: County				
Government Funding: State				
Government Funding: Federal				
Contributions/Donations				
Special Events/Fundraising				
Foundation Support				
Service Fees & Reimbursements				
Investment Income				
In-Kind Support				
Other				
Other				
Other				
Total				

5. The Town of Gilbert funding request is ____% of the total program revenue.

PROGRAM EXPENSE BUDGET					
<u>Activity</u>	<u>Calculation</u>	<u>Gilbert Funds</u>	<u>Other Sources</u>	<u>Total</u>	<u>Percent of Expense Budget</u>
Personnel costs					
Employee Related Expenses					
Education & Training					
Professional Fees & Contracts					
Specific Assistance for Clients					
Communication (phone, fax, internet, postage)					
Supplies/equipment rental/maintenance					
Occupancy (rent, utilities, building & grounds)					
Advertising/Printing & Publications					
Travel/Meetings/Conferences					
Membership Dues					
Non-Payroll Insurance					
Other (management expenses, fees)					
Other					
OPERATING TOTAL	Total of Operating Costs				%
TOTAL PROGRAM EXPENSES					%

6. The Town of Gilbert funding request is _____% of the total program expenses.

7. Percentage of organizational administrative expenses that is charged to the program ____%?

Part IV: Organization Capacity

Board of Directors

1. Number of positions on the Board of Directors:
2. Number of meetings held annually:
3. Number of Board members who live or work in Gilbert:
4. Percentage of Board members who contribute to the organization financially:

Organization Staff

5. Number of full-time employees:
6. Number of part-time employees:
7. Number of volunteers:
8. Full-time equivalent s dedicated to Gilbert programs/projects:
9. Describe any challenges and/or opportunities facing the organization in the next three to five years.

10. Enter the organization's approved FY 2015-2016 budget and proposed FY 2016-2017 budget. Include Town of Gilbert funding if received and the Town of Gilbert funding request. Include the percentage of each

line item for both revenue and expenses. Totals should equal 100%. Please verify that the Revenue and Expense "Total" columns match.

11. Enter the total organizational budget percentage for administrative costs in:

FY 2015-2016: _____

FY 2016-2017: _____

Organization Budget

Organizational Revenue Budget	Current Organization Budget FY 2015-2016	Percent (%) of Total Revenue Budget FY 2015-2016	Proposed Organization Budget FY 2016-2017	Percent (%) of Total Revenue Budget FY 2016-2017
Gov. Funding – Gilbert				
Gov. Funding – City				
Gov. Funding – County				
Gov. Funding – State				
Gov. Funding – Federal				
Contributions/Donations				
Special Events/Fundraising				
Legacies/Bequests				
Foundation Support				
Service Fees & Reimbursements				
Investment Income				
In-kind Support				
Other				
Total		%		%
Organizational Expense Budget	Current Organization Budget FY 2015-2016	Percent (%) of Total Expense Budget FY 2015-2016	Proposed Organization Budget FY 2016-2017	Percent (%) of Total Expense Budget FY 2016-2017
Salaries				
Employee Benefits & Taxes				
Employee Education & Training				
Professional Fees & Contracts				
Specific Assistance for Individuals				
Communications ([phone, fax, internet, postage)				
Supplies/Equipment Rental & Maintenance				
Occupancy (rent, utilities, building & grounds)				
Advertising/Printing & Publications				
Travel/Meetings/Conferences				
Membership Dues/Support to Affiliate Organizations				
Evaluation				
Non-payroll Insurance				
In-Kind Expense				
Other				
Total		%		%